

FILED NOV 13 1944

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 230

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Carthage  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
305 So. Garrison Ave.  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 47 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49  
(c) City or town Carthage 1  
(If outside city or town limits, write "RURAL") 3  
(d) Street No. 305 So. Garrison Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_ 0

3. (a) PRINT FULL NAME JOSEPH ARTHUR PAUGH

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Verna Vrown Paugh 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased October 12, 1882  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>0</u>	<u>13</u>	hr. _____ min.

9. Birthplace McDonald Co. Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Cafe Operator

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name E. F. Paugh

13. Birthplace Versailles, Ill.  
(City, town, or county) (State or foreign country)

14. Maiden name Nina E. Cooley

15. Birthplace Bushnell, Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ada Kirk

(b) Address Alba, Missouri

17. (a) Burial (b) Date thereof 10-27-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage, Missouri

19. (a) Oct. 27 '44 (b) Lizabellh Compton  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25,  
year 1944 hour 4:15 minute A. M.

21. I hereby certify that I attended the deceased from Oct 15,  
1944 to Oct 25, 1944  
that I last saw him alive on Oct 27, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Duration \_\_\_\_\_

Due to Coronary Thrombosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 938

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(or) Means of injury \_\_\_\_\_

23. Signature T. B. Baker (M. D. or other) M.D.

Address Carthage, Mo Date signed 10-27-44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

49  
1  
3

44-11-901

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Edlesimer

Licensed Embalmer No. 2222

P. O. Address. Carthage

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**